

| MULTIPLE DEPENDENT CLAIM<br>FEE CALCULATION SHEET |          |     |                        |     |                        | SERIAL NO.   | FILING DATE |     |  |
|---|----------|-----|------------------------|-----|------------------------|--------------|-------------|-----|--|
|   |          |     |                        |     |                        | APPLICANT(S) |             |     |  |
|   |          |     |                        |     |                        | CLAIMS       |             |     |  |
|   | AS FILED |     | AFTER 1ST<br>AMENDMENT |     | AFTER 2ND<br>AMENDMENT |              |             |     |  |
|   | IND      | DEP | IND                    | DEP | IND                    | DEP          | IND         | DEP |  |
| 1   |          |     |                        |     |                        |              |             |     |  |
| 2   |          |     |                        |     |                        |              |             |     |  |
| 3   |          |     |                        |     |                        |              |             |     |  |
| 4   |          |     |                        |     |                        |              |             |     |  |
| 5   |          |     |                        |     |                        |              |             |     |  |
| 6   |          |     |                        |     |                        |              |             |     |  |
| 7   |          |     |                        |     |                        |              |             |     |  |
| 8   |          |     |                        |     |                        |              |             |     |  |
| 9   |          |     |                        |     |                        |              |             |     |  |
| 10  |          |     |                        |     |                        |              |             |     |  |
| 11  |          |     |                        |     |                        |              |             |     |  |
| 12  |          |     |                        |     |                        |              |             |     |  |
| 13  |          |     |                        |     |                        |              |             |     |  |
| 14  |          |     |                        |     |                        |              |             |     |  |
| 15  |          |     |                        |     |                        |              |             |     |  |
| 16  |          |     |                        |     |                        |              |             |     |  |
| 17  |          |     |                        |     |                        |              |             |     |  |
| 18  |          |     |                        |     |                        |              |             |     |  |
| 19  |          |     |                        |     |                        |              |             |     |  |
| 20  |          |     |                        |     |                        |              |             |     |  |
| 21  |          |     |                        |     |                        |              |             |     |  |
| 22  |          |     |                        |     |                        |              |             |     |  |
| 23  |          |     |                        |     |                        |              |             |     |  |
| 24  |          |     |                        |     |                        |              |             |     |  |
| 25  |          |     |                        |     |                        |              |             |     |  |
| 26  |          |     |                        |     |                        |              |             |     |  |
| 27  |          |     |                        |     |                        |              |             |     |  |
| 28  |          |     |                        |     |                        |              |             |     |  |
| 29  |          |     |                        |     |                        |              |             |     |  |
| 30  |          |     |                        |     |                        |              |             |     |  |
| 31  |          |     |                        |     |                        |              |             |     |  |
| 32  |          |     |                        |     |                        |              |             |     |  |
| 33  |          |     |                        |     |                        |              |             |     |  |
| 34  |          |     |                        |     |                        |              |             |     |  |
| 35  |          |     |                        |     |                        |              |             |     |  |
| 36  |          |     |                        |     |                        |              |             |     |  |
| 37  |          |     |                        |     |                        |              |             |     |  |
| 38  |          |     |                        |     |                        |              |             |     |  |
| 39  |          |     |                        |     |                        |              |             |     |  |
| 40  |          |     |                        |     |                        |              |             |     |  |
| 41  |          |     |                        |     |                        |              |             |     |  |
| 42  |          |     |                        |     |                        |              |             |     |  |
| 43  |          |     |                        |     |                        |              |             |     |  |
| 44  |          |     |                        |     |                        |              |             |     |  |
| 45  |          |     |                        |     |                        |              |             |     |  |
| 46  |          |     |                        |     |                        |              |             |     |  |
| 47  |          |     |                        |     |                        |              |             |     |  |
| 48  |          |     |                        |     |                        |              |             |     |  |
| 49  |          |     |                        |     |                        |              |             |     |  |
| 50  |          |     |                        |     |                        |              |             |     |  |
| TOTAL IND.  |          |     |                        |     |                        |              |             |     |  |
| TOTAL DEP.  |          |     |                        |     |                        |              |             |     |  |
| TOTAL CLAIMS                                      |          |     |                        |     |                        |              |             |     |  |
|   |          |     |                        |     |                        |              |             |     |  |
|   |          |     |                        |     |                        |              |             |     |  |
|   |          |     |                        |     |                        |              |             |     |  |
|   |          |     |                        |     |                        |              |             |     |  |